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O I P
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HM22/1012

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SCHERING PLOUGH CORP
PATENT DEPT K61 1990
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KENILWORTH NJ 07033-0530

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Christine F. Martin - 39762 (Depositor's name)

Christine F. Martin

(Signature)

(Date) 1/10/01

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/198,723	11/24/98	011	ZEMAN, R	1645 10/12/00
First Named Applicant	MALCOLM, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION SINGLE-CHAIN RECOMBINANT COMPLEXES OF HEPATITIS C VIRUS NS3 PROTEASE AND NS4A COFACTOR PEPTIDE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 JB0800	530-350.000	T65	UTILITY	NO	\$1240.00	01/12/01
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				1 Jaye P. McLaughlin		
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.				2 Christine F. Martin		
				3 _____		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Schering Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Kenilworth, NJ

Please check the appropriate assignee category indicated below (will not be printed on the patent)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *Christine F. Martin* (Date) 1/10/01
Christine F. Martin, Reg. No. 39762

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